

Annual 403(b) Plan Eligibility Notice

Rittman Exempted Village School District offers our employees the opportunity to save for retirement by participating in the Rittman 403(b) Plan. You can contribute in this plan by make pre-tax contributions.

INTRODUCTION

A 403b plan is a form of defined contribution retirement plan available under Section 403(b) of the Internal Revenue Code(IRC). They are available to employees of Code Section 501(C)(3) tax-exempt organizations such as public colleges, universities and school systems. Subject to various limitations and restrictions, IRC s. 403(b) allows tax-deferred contributions to be made for the employees through salary reduction contributions of the employees. IRC s. 403(b) contributions must be invested in annuity contracts issued by life insurance companies or in shares of regulated investment companies (mutual funds) held in custodial accounts for the employee.

Under the arrangement, a portion of the employee's compensation (determined by the employee within the limitations imposed by the IRC) is deposited on a before-tax basis to an annuity contract or mutual fund shares chosen by the employee. These amounts, together with any investment earnings, are not subject to federal income tax until they are paid to the employee (or beneficiary) in the form of benefits, normally during retirement. The Plan also provides for a Roth option. Roth contributions are made with after-tax withholdings. The investment earnings are not subject to federal or state income tax. 403b distributions are normally not subject to income taxes.

Participation in the 403b Plan is voluntary. Participating employees make all contributions through the School to the vendor and vehicle they select from among the choices authorized under the Plan.

A copy of the entire Plan document can be obtained from the Treasurer's office.

VENDOR NAME _____

Submit SRA and Copy of Investment Application to:
Treasurers Office
Rittman Exempted Village School District
75 North Main Street
Rittman, Ohio 44270

Cancel All Existing SRA

Do Not Cancel Existing SRA

Traditional 403b

Roth 403B

SALARY REDUCTION AGREEMENT

In accordance with, and for the purpose of, qualifying under the provisions and for the benefits of Section 403(b) of the Internal Revenue Code of 1954, as amended thereafter, and of the **Rittman Exempted Village School District 403b Plan, hereinafter referred to as "403B PLAN"** adopted by **Rittman Exempted Village School District, hereinafter referred to as "EMPLOYER"**.

IT IS HEREBY AGREED BY:

Name _____ Social Security# _____

Address _____

hereinafter referred to as "**EMPLOYEE**", that the certain valid and existing employment agreement made and entered into by and between the **EMPLOYER** and **EMPLOYEE** be amended in the following manner, and that this amendment be incorporated therein and made a part thereof as if set out therein in full, as of the date of this amendment.

1. The salary to be paid to the **EMPLOYEE** shall be reduced by the sum of \$ _____ per regular pay period, beginning with the salary payable on _____.
2. These sums shall be forwarded by the **EMPLOYER** to the **Vendor indicated above** in accordance with the **403B PLAN** for the purchase of one or more annuity contracts on the life of the **EMPLOYEE** and/or the purchase of mutual fund shares as designated by the **EMPLOYEE**.
3. The **EMPLOYEE** authorizes the **EMPLOYER** to act on his behalf with respect to his 403b account. The **EMPLOYER** shall be able to direct the Vendor(s) to make a full or partial distribution of funds to maintain compliance with IRS regulations and to conform to the **403B PLAN**. Further, the **EMPLOYER** shall have the authority to direct the Vendor(s) to sell any investment held in the 403b account to maintain compliance with IRS regulations and to conform to the **403B PLAN**. Further, the **EMPLOYEE** authorizes the release of any and all information to **EMPLOYER** for use in compliance with IRS regulations and to conform to the **403B PLAN**. The **EMPLOYER** shall have the sole and final authority to determine what actions are necessary for compliance. Under absolutely no circumstances shall the **EMPLOYER** be authorized to direct the vendor to distribute funds to any party other than the **EMPLOYEE** or the **EMPLOYEE'S** beneficiary if the **EMPLOYEE** is deceased.
4. The **EMPLOYEE** acknowledges that the **403B PLAN** is governed by the Plan Document adopted by **EMPLOYER**. Further, the **EMPLOYEE** agrees to be bound by the provisions set forth in the Plan Document. Further, the **EMPLOYEE** acknowledges that the Plan Document may be amended. If the Plan Document is amended, the **EMPLOYEE** agrees to be bound by the provisions set forth in the amended Plan Document.
5. The **EMPLOYEE** releases any and all rights, present and future, to receive payment of the sums from the **EMPLOYER**, resulting from such reduction in any form except (1) the right of the **EMPLOYEE'S** estate to receipt of sums so paid upon his death, or (2) the right of the **EMPLOYEE** upon termination of employment by reason other than death personally to receive all or any part of the amount specified for which service has been rendered but which has not been transmitted as shown in this amendment.
6. This salary reduction agreement shall automatically apply to the employment contract entered into between the **EMPLOYER** and the **EMPLOYEE** for each succeeding year unless amended or terminated by a thirty (30) day written notice to the **EMPLOYER**.
7. The **EMPLOYEE** agrees that the **EMPLOYER** shall have no liability whatsoever for any loss suffered by the **EMPLOYEE** with regard to his selection of an insurance company or mutual fund, or the solvency of, operation of, or benefits provided by said insurance company or mutual fund company. Further, the **EMPLOYEE** acknowledges that there are loads, fee, expenses, surrender charges, costs associated with rollovers and transfers and other costs associated with his choice of investments. These costs may adversely affect the **EMPLOYEE**. The **EMPLOYEE** attests that he understands the costs and the ramifications of the costs with respect to the **403B PLAN** provisions. The **EMPLOYEE** agrees that the **EMPLOYER** shall have no liability whatsoever for any loss suffered by the **EMPLOYEE** with regard to these costs.
8. The **EMPLOYEE** agrees to immediately notify **EMPLOYER** of his participation in another retirement plan other than a personal IRA account and/or an Ohio State Retirement System Defined Benefit Plan. Currently, the employee **DOES** **DOES NOT** participate in another retirement plan.

This amendment has been executed by and behalf of the parties hereto this _____ day of _____ year _____.

EMPLOYEE

EMPLOYER

Company	Address	Address2	City	State	Zip
Capital Guardian Trust Co.	P. O. Box 6164		Indianapolis	IN	46206-6164
Fidelity Retirement Services	P. O. Box 770002		Cincinnati	OH	45277-0089
ING Financial Advisors	1660 W 2nd Street		Cleveland	OH	44113-1454
Westfield Life Ins. Company	Jefferson Pilot Financial Ins.	P. O. Box 26072	Greensboro	NC	27420-6072
MetLife Investors USA Ins. Co.	3570 Forest lake Drive	Suite 200	Uniontown	OH	44685
Phoenix Home Life	Variable Products Mail Opr.	P. O. Box 8027	Boston	MA	02266-8027
Vankampen Investor Service	Primerica Shareholder Services	P. O. Box 9774	Providence	RI	02940-9774
ReliaStar Life Insurance Co.	ING Retirement Plans	P. O. Box 5060	Minot	ND	58702-5060
Reserve Financial Agency	20006 Detroit Rd, #300		Rocky River	OH	44116
Variable Annuity Life Ins. Co.	P. O. Box 200018		Houston	TX	77216-0018
Anchor National Life Insurance	P. O. Box 91390		Pasadena	CA	91109-8922